

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>E.L.</i>		<i>02/01/01</i>
FORMALITY REVIEW	<i>P.B.</i>	<i>1076</i>	<i>08/06/01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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11	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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